

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** FAHRMAN CENTER (510019)

**Address:** 3136 CRAIG ROAD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1988

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096964      **End Date:** 04/19/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0096392      **End Date:** 12/06/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0095474      **End Date:** 08/04/2005      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094036      **End Date:** 02/02/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Complaint History**

**Date Complaint Received: 02/10/2006**

**Date Investigation Completed: 03/20/2006**

Subject Area(s)

SUPERVISION

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

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